

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW	7630	02-8-00
O.I.P.E. CLASSIFIER		18	22300
FORMALITY REVIEW	RR	70029	32900
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	12-6-00
2	12-5-00
3	12-5-00
4	A
5	A
6	A
7	A
8	A
9	A
10	
11	
12	
13	
14	✓
15	✓
16	
17	
18	
19	✓
20	✓ A
21	✓ A
22	
23	
24	
25	
26	
27	
28	✓
29	✓
30	
31	✓
32	✓
33	✓ A ✓
34	✓
35	✓
36	✓
37	✓
38	✓ A ✓
39	✓
40	✓ A ✓
41	✓ ✓
42	✓ N
43	✓ N
44	✓ N
45	✓ N
46	✓ N
47	✓ N
48	✓
49	✓ ✓
50	✓

Claim	Date
Final	
Original	
51	12-6-00
52	12-5-00
53	12-5-00
54	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy